

Dubai Standards of Care - 2017

(Septoplasty)



Preface

Ear, nose and throat disorders are the most common problem dealt with in daily practice. In Dubai, the management of ear, nose and throat disorders were done through various different strategies. The following guidelines were established in order to create a unified approach to the management of these disorders. In addition to that, these guidelines were developed to act as a guide for clinical practice, based on the best available evidence at the time of development.

Adherence to these guidelines may not necessarily guarantee the best outcome in every case. Every health care provider is responsible for the management of his or her unique patient based on the clinical picture presented by the patient and the management options available locally.

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Acknowledgment

“Dubai standards of care – Ear, nose and Throat”

These guidelines were established in order to achieve effective management of ear, nose and throat disorders as well as increase awareness and prevention. In addition to that, these guidelines aim to improve evidence based approaches especially appropriate medication prescribing.

These guidelines were prepared and approved by the Dubai Standard of Care (Ear, nose and Throat)Taskforce.

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Dubai Standards of Care- Septoplasty

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Dubai Standards of Care- Septoplasty

Description

This document addresses indications for septoplasty. This document may also be used to review the septoplasty component of procedures which combine both rhinoplasty and septoplasty (that is, rhinoseptoplasty). Septoplasty is a surgical procedure performed to correct airway obstruction related to the nasal septum. These obstructions can be caused by structural deformity, disease or trauma. Medically necessary criteria for the rhinoplasty component of the combined procedure and relevant coding instructions can be found in Cosmetic and Reconstructive Services of the Head and Neck.

Clinical Indications

Medically Necessary:

Nasal septoplasty is considered medically necessary for the following conditions when an appropriate and reasonable trial of conservative management (which might include use of topical nasal corticosteroids, decongestants, antibiotics, allergy evaluation and therapy, etc.) has failed.

- Symptomatic septal deviation or deformity resulting in **one or more** of the following:
 - Distressing symptoms of nasal obstruction with documented absence of other causes of obstruction likely to be responsible for the symptoms (for example, nasal polyps, tumor, etc.); **or**
 - Persistent or recurrent epistaxis; **or**
 - Chronic recurrent sinusitis.
- Asymptomatic deformity that prevents surgical access to other intranasal or paranasal areas (for example, sinuses, turbinates).



Not Medically Necessary:

Septoplasty is considered **not medically necessary** for any of the following:

- For asymptomatic septal deviation when there is no need for surgical access; **or**
- In the absence of an appropriate and reasonable trial of conservative medical management of symptoms; **or**
- When another condition likely to be causing the obstruction is present (for example, nasal polyp, tumor, etc); **or**
- For snoring, in the absence of one or more symptoms or conditions indicated as medically necessary.

Discussion/General Information

Deviation of the nasal septum is a common cause for nasal obstruction. Septal deviation occurs when the septum, which divides the two sides of the nasal cavity, is displaced from a straight vertical alignment causing blockage of airflow through one or both sides of the nose. The change in airflow can contribute to mucosal drying leading to epistaxis and sinusitis. Frequently these complications respond to medical treatment such as antibiotic and steroid therapy. When medical management is not successful, a septoplasty is considered. This surgical procedure, usually performed under local or general anesthesia, corrects nasal septum defects or deformities by alteration, splinting, or partial removal of obstructing structures. Septoplasty is usually done to improve breathing, but it also may be performed to assist in the management of polyps, tumors or epistaxis.

Moore and Eccles (2011) reported on a review of 14 articles in which nasal airflow was measured before and after septoplasty due to nasal obstruction because of septal deviation. The articles were limited to those with surgery on the nasal septum (including septoplasty, submucous resection and septal deviation corrective surgery) and articles with different forms of objective measurement of nasal airflow including rhinomanometry, acoustic rhinometry and peak nasal



inspiratory flow. The 14 articles included 536 participants and all showed "objective evidence that septal surgery improves nasal patency."

References

Peer Reviewed Publications:

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2. Moore M, Eccles R. Objective evidence for the efficacy of surgical management of the deviated septum as a treatment for chronic nasal obstruction: a systematic review. *Clinical Otolaryngology*, 2011; 36(2):106-113.
3. Sedaghat AR, Busaba NY, Cunningham MJ, Kieff DA. Clinical assessment is an accurate predictor of which patients will need septoplasty. *Laryngoscope.* 2013; 123(1):48-52.
4. Stewart MG, Smith TL, Weaver EM, et al. Outcomes after nasal septoplasty: results from the Nasal Obstruction Septoplasty Effectiveness (NOSE) study. *Otolaryngol Head Neck Surg.* 2004; 130(3):283-290.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Clinical indicators septoplasty. 2012. Available at: <http://www.entnet.org/Practice/Septoplasty.cfm>. Accessed on March 25, 2015.
2. American Society of Plastic Surgeons (ASPS). Position paper. Nasal surgery. Recommended insurance coverage criteria for third-party payers. July 2006. Available at: <http://www.plasticsurgery.org/x1673.xml?google=nasal+surgery>. Accessed on March 25, 2015.
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4. Cummings CW, Flint P, Haughey B, et al. Otolaryngology: Head & Neck Surgery, 4th ed. Philadelphia: Mosby. 2005.

Websites for Additional Information

1. American Academy of Allergy, Asthma and Immunology. Available at: <http://www.aaaai.org/home.aspx>. Accessed on March 25, 2015.
2. American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Fact sheet: deviated septum. Available at: <http://www.entnet.org/HealthInformation/deviatedSeptum.cfm>. Accessed on March 25, 2015.